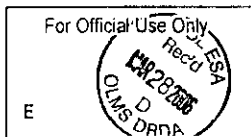


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="11689"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="JOHN"/> <input type="text" value="BELLAMY"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="20 CHARTER DRIVE"/> City <input type="text" value="WILMINGTON"/> State <input type="text" value="North Carolina"/> ZIP Code + 4 <input type="text" value="28403"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="INTERNATIONAL LONGSHOREMENS ASSOCIATION 1426"/> Labor Organization File Number <input type="text" value="010-455"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1305 SOUTH 5TH STREET"/> City <input type="text" value="WILMINGTON"/> State <input type="text" value="North Carolina"/> ZIP Code + 4 <input type="text" value="28401"/>
5. Position in labor organization. <input type="text" value="PRESIDENT"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed John B. Bellamy

On
Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name EMPLOYERS-ILA WELFARE PLAN FOR NC PORTS AREA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 612 SOUTH 17TH STREET

City WILMINGTON

State North Carolina ZIP Code + 4 28401

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name EMPLOYERS-ILA WELFARE PLAN FOR NC PORTS AREA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 1116

Street 612 SOUTH 17TH STREET

City WILMINGTON

State North Carolina ZIP Code + 4 28401

11.a. Nature of such dealing.

TRUSTEE WITH FIDUCIARY RESPONSIBILITY FOR THE WELFARE PLAN.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSED EXPENSES FOR TRAVEL, MEALS, AND LODGING TO CONFERENCES AS AN FIDUCIARY/TRUSTEE TO THE WELFARE PLAN.

12.b. Amount.

\$2,586

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.